

AGENCY FIVE (5) DAY RESPONSE DUE:

HULMEVILLE BOROUGH

INCORPORATED 1872

321 Main Street • Hulmeville, PA 19047 • 215-757-6531 • Hulmeville@comcast.net

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:	DATE RECEIVED:			BY:	
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTER:					
STREET ADDRESS:					
CITY/STATE/COUNTY/ZIP CODE:					
TELEPHONE:	E-MAI	L:			
RECORDS REQUESTED: Provide as much specific detail as possible so the agency can identify the information.					
DO YOU WANT COPIES?		YES	or	NO	
DO YOU WANT TO INSPECT TH	E RECORDS?	YES	or	NO	
DO YOU WANT CERTIFIED COP	IES OF RECORDS	? YES	or	NO	
RIGHT-TO-KNOW OFFICER:					
DATE RECEIVED BY THE AGENC	Y:				